



CLMSENC0015



Customer Name: SARI NEWMAN
 Claim Number: 7
 Account Number: [REDACTED]

Customer Claims Department
 Mail Code TX3-7849
 PO Box 659809
 San Antonio, TX 78265-9109
 Phone: 1-866-564-2262
 Fax: 1-866-701-9886

Disputed Transaction(s) Questionnaire

Please complete, sign and return this form to us as soon as possible using the contact information above.

1. Please read the statement below, select an option then sign and date the form.

- ☒ I am an authorized signer on, or otherwise have authority to act with respect to, the account identified above. I have reviewed the circumstances of the ACH transaction(s) identified in this questionnaire. I certify that the debit was not authorized and that it/they were not originated with fraudulent intent by me or any person acting in concert with me.
- ☐ I am an authorized signer on, or otherwise have authority to act with respect to, the account identified above. I have reviewed the circumstances of the ACH transaction(s) identified in this questionnaire. I certify that the debit was not in accordance with the terms of the authorization and that the following, to the best of my ability to identify, is the reason for that conclusion:
- ☐ My account was debited before the date I authorized.
 - ☐ I revoked the authorization I had given to the party to debit my account before the debit was initiated.
 - ☐ My account was debited for an amount different than I authorized.
 - ☒ I did not authorize the party to debit my account (i.e. debited without a notice, free trial, etc.).
 - ☐ My check was improperly processed electronically.
 - ☐ My account was debited by an authorized party, but that third party failed to make my payment as instructed.
 - ☐ Other (must specify) _____

2. Please provide any additional information that may help us resolve your claim. Use another sheet if you need more space.

ACCOUNT WAS COMPROMISED

By signing below, I certify that this written statement is true and correct.

Sari Newman

Account Holder's Signature

5/2/22

Date

917 609 1351

Daytime phone number

Business name (if applicable)

Title (if applicable)